STATE LOAN REPAYMENT PROGRAM (SLRP)

PART III

APPLICATION DEADLINE: OCTOBER 15, 2014

PART III: SITE ELIGIBILITY APPLICATION

PLEASE PRINT OR TYPE

Part III must be completed by those practices interested in employing a primary care physician or physician assistant who is a candidate for an award from the State Loan Repayment Program (SLRP).

Practices must submit one Site Eligibility Application for *each proposed site* where the SLRP candidate will practice. MAKE AS MANY COPIES OF THIS FORM AS NECESSARY FOR EACH PRACTICE SITE.

NOTE: Primary care specialists include the following: family medicine, internal medicine, obstetrics/gynecology, women's health, pediatrics, and psychiatry.

1. Name of SLRP Candidate (indicate M.D./ D.O./ P.A.):_____

   SLRP Candidate's Practice Specialty: _____

2. Name of the Practice Site: _____

3. Street Address **and** County where the SLRP Candidate **will practice:**

   Address: _____

   County: _____ City: _____ State: _____ Zip Code: _____

4. Please check applicable: FQHC ☐ Group Private Practice ☐ Individual (solo) Private Practice ☐
   Public Health Center ☐ Hospital ☐
   Other (please indicate) _____

5. Is this practice site a Public Clinic or a **Non-Profit** clinic (501-C-3 certified)? ☐ Yes ☐ No
   If Non-Profit, include a copy of the non-profit certificate with this completed form. (For-profit practice site is NOT eligible.)

6. Contact Person for this Practice Site: _____

   Contact's telephone (include extension):_____ Fax: _____

   Contact Person's Email: _____

7. Does the Practice reduce fees for low-income persons who have limited ability to pay (sliding fee scale-SFS)?
   ☐ Yes ☐ No
8. Is there a posted sign indicating the SFS in the waiting room? ☐ Yes ☐ No
9. Does the Practice have no charge or a nominal charge for those with annual incomes at or below 100 percent of the HHS Poverty Guidelines? ☐ Yes ☐ No
10. Does the Practice have a schedule of discounts for those with annual incomes above 100 percent but at or below 200 percent of the HHA Poverty Guidelines? ☐ Yes ☐ No
11. Does the practice charge for services to the extent that payment will be made by third party payers?
    ☐ Yes ☐ No

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12. Please list the number of patients served by **this proposed Practice Site where the SLRP Practitioner will practice** for the most recent year for which complete data are available:

	Number	Percentage
Medicaid	_____	_____
Medicare	_____	_____
Commercial Insurance	_____	_____
Sliding Fee Scale	_____	_____
No payment (underinsured OR no insurance, AND Income below sliding fee scale)	_____	_____
Other	_____	_____
TOTAL:	_____	_____

Additional Comments: _____

_____

13. Does the Practice have contracts with a least one Managed Care Organization (MCO) under contract to Medical Assistance in Maryland? Yes ☐ No ☐

If YES, please list MCO contracts: _____

_____

ENSURE THE FOLLOWING ITEMS ARE ATTACHED FOR EACH SITE:

1. **Background information about the practice site.**
2. **The non-profit certification.**
3. **A copy of the practice's brochure or marketing material, if available.**
4. **A copy of the practice's Sliding Fee Scale and Sliding Fee Scale Policy.**
5. **A copy of the public notice at the practice site to indicate a Sliding Fee Scale is in effect.**
6. **Applicants Employment Contract with the Site**

Name (printed): _____Title: _____

Signature: _____ Date: _____

PLEASE MAIL TO:

Temi Oshiyoye, Workforce Coordinator, Attn: SLRP Application
Department of Health and Mental Hygiene ● Health Systems and Infrastructure Administration
201 West Preston Street, 3rd floor ● Baltimore, MD 21201
410-767-4467 ● Fax 410-333-7501● temi.oshiyoye@maryland.gov